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9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

13 In the Matter of the First Amended Accusation  
14 Against:

14 **VICTOR V. LONG, M.D.**  
15 **Kaiser Riverside Med Center**  
16 **10800 Magnolia Ave., MOB # 2, Fl. 3**  
17 **Riverside, CA 92505**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 119226,**

19 Respondent.

Case No. 800-2018-049560

**FIRST AMENDED ACCUSATION**

20  
21 **PARTIES**

22 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
23 official capacity as the Executive Director of the Medical Board of California, Department of  
24 Consumer Affairs (Board).

25 2. On or about December 2, 2011, the Board issued Physician's and Surgeon's  
26 Certificate Number A 119226 to Victor V. Long, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on October 31, 2023, unless renewed.

**JURISDICTION**

3. This First Amended Accusation, which supersedes Accusation No. 800-2018-049560 filed on July 9, 2021,<sup>1</sup> is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary ... provisions of the Medical Practice Act,

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

...

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. ...

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

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<sup>1</sup> This First Amended Accusation is filed for the sole purpose of including the text and import of Business and Professions Code section 125.3, as amended by Stats.2021, c. 649 (S.B.806), § 1, eff. Jan. 1, 2022.

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(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(b) Gross negligence.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

3

1 (d) Incompetence.

2 ...

3 **COST RECOVERY**

4 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
5 administrative law judge to direct a licensee found to have committed a violation or violations of  
6 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
7 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
8 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
9 included in a stipulated settlement.

10 **FACTUAL ALLEGATIONS**

11 9. Patient<sup>2</sup> was a thirty-six (36) year-old G3P2<sup>3</sup> female with two previous vaginal  
12 deliveries. Her expected date of delivery was June 26, 2017.

13 10. Patient began having early labor symptoms on July 2, 2017. She was evaluated at the  
14 hospital and ultimately sent home with labor precautions after fetal heart rate (FHR) monitoring  
15 showed a reassuring tracing.<sup>4</sup>

16 11. Patient returned to hospital on July 3, 2017, at 41 weeks gestational age and was  
17 initially seen around 3:48 a.m. with a chief complaint of a rupture of membranes and mild uterine  
18 contractions. Upon entry to Labor and Delivery, external FHR monitoring showed variable  
19 decelerations<sup>5</sup> which prompted oxygen by nasal cannula and repositioning by the primary  
20 Registered Nurse (RN) at 4:04 a.m.

21 <sup>2</sup> The identity of the patient is known to all parties but not disclosed to protect her privacy.

22 <sup>3</sup> Third pregnancy, two prior deliveries.

23 <sup>4</sup> Fetal heart rate patterns are classified as reassuring, nonreassuring or ominous.  
24 Nonreassuring patterns (such as fetal tachycardia, bradycardia and late decelerations with good  
25 short-term variability) require intervention to rule out fetal acidosis. Ominous patterns require  
26 emergency intrauterine fetal resuscitation and immediate delivery. A Category I tracing is  
27 normal. A Category II tracing is indeterminate and requires continued surveillance and  
28 reevaluation. A Category III tracing is abnormal and predictive of abnormal fetal-acid base status  
at the time of observation. Depending on the clinical situation, efforts to expeditiously resolve  
the underlying cause of the abnormal fetal heart rate pattern should be made.

<sup>5</sup> Variations in fetal heart rate patterns are termed accelerations or decelerations as the  
heart rate changes from the baseline fetal heart rate. Variable decelerations happen when the  
baby's umbilical cord is temporarily compressed. The baby depends on steady blood flow  
through the umbilical cord to receive oxygen and other important nutrients. Variable

12. Noting minimal variability and variable decelerations at 4:15 a.m., the FHR strip was shown to Respondent (who was the obstetrician on duty) at approximately 4:17 a.m.

13. Respondent saw Patient for the first time at about 4:45 a.m. and reviewed the FHR strip. He was made aware of moderate variability and decelerations. Respondent did not give any orders and admitted Patient at about 5:10 a.m.

14. Respondent did a bedside ultrasound at about 5:13 a.m.

15. At about 5:20 a.m., Respondent placed an internal fetal scalp electrode and an internal pressure catheter for amnioinfusion in an attempt to relieve variable decelerations. A sterile vaginal exam showed 1.5 cm dilation,<sup>6</sup> 90% effaced,<sup>7</sup> negative 2 station<sup>8</sup> (notated as 1.5/90/-2).

16. A note in Patient's chart by Respondent at 5:50 a.m. states moderate variability, accelerations, and resolution of deep variable decelerations with amnioinfusion. He notes a Category 2 tracing.

17. At 6:25 a.m., Respondent reviewed the FHR strip. Nursing notes confirmed minimal to moderate variability with variable decelerations and late decelerations. A nurse's note at 6:31 a.m. documents Respondent discussing a possible cesarean section with Patient and ordering Pitocin augmentation<sup>9</sup> with epidural anesthesia.

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decelerations may be classified according to their depth and duration as: mild, when the depth is above 80 bpm and the duration is less than 30 seconds; moderate, when the depth is between 70 and 80 bpm and the duration is between 30 and 60 seconds; and severe, when the depth is below 70 bpm and the duration is longer than 60 seconds. Variable decelerations are generally associated with a favorable outcome. However, a persistent variable deceleration pattern, if not corrected, may lead to acidosis and fetal distress and therefore is nonreassuring. Nonreassuring variable decelerations associated with the loss of beat-to-beat variability correlate substantially with fetal acidosis and therefore represent an ominous pattern.

<sup>6</sup> Dilation is the term used to describe the opening or widening of the cervix. This is measured from 0 to 10 centimeters, the latter of which means the cervix is fully dilated.

<sup>7</sup> To be 90 percent effaced means that the cervix has thinned out 90 percent of the way to maximum effacement, which is called 100 percent effacement.

<sup>8</sup> Station is the position of baby's head as it relates to the ischial spines (bony spots on each side of the pelvis). It is measured on a scale of -5 (head floating above the pelvis) to +5 (head crowning at the vagina's opening).

<sup>9</sup> Pitocin is the synthetic form of oxytocin, the body's natural hormone that stimulates contractions. It is one of the most frequently used medical interventions to induce or augment (speed up) birth.

1 18. Pitocin is meant to increase the strength and frequency of uterine contractions, one of  
2 the most stressful events to a fetus in labor. Respondent ordered Pitocin when Patient's fetus was  
3 already in jeopardy.

4 19. According to Patient's chart, by 7:09 a.m. respondent was again discussing with  
5 Patient the possibility of a cesarean section for a persistent Category II tracing. The cervix at that  
6 time was 3/90/-2. A nurse's note describes late and variable decelerations at 7:30 a.m. Nurses  
7 document "to start Pitocin as ordered with current FHR pattern."

8 20. The initiation of Pitocin augmentation was delayed by anesthetic and pain issues for  
9 more than an hour, and began infusing at 7:57 a.m. Around 8:00 a.m., nursing notes document  
10 worrisome late decelerations, continued repetitive variable decelerations, and minimal variability.  
11 The internal pressure catheter was not working properly.

12 21. The fetal intolerance of labor continued to worsen with the FHR tracing reaching a  
13 Category 3, shown by repetitive late decelerations along with absent variability. At 8:17 a.m.,  
14 Pitocin was discontinued and Patient signed a consent for cesarean section.

15 22. A midwife's note in Patient's chart at 8:19 a.m. documents absent variability and  
16 recurrent variable decelerations.

17 23. In short, the FHR monitoring was never reassuring. Patient's contraction pattern  
18 was irregular, of low amplitude, and Patient made no significant progress, never achieving the  
19 active phase of labor.

20 24. Patient was taken to the operating room by 8:26 a.m. A fetal heart rate of 125 beats  
21 per minute (bpm) was detected at 8:36 a.m. Documentation in Patient's chart shows no evidence  
22 of an urgent or emergent response. The cesarean section incision began at 8:42 a.m.

23 25. Baby was delivered by cesarean section at 8:48 a.m. with an Apgar score<sup>10</sup> of 0 at one  
24 minute, 0 at five minutes and 0 at 10 minutes. After unsuccessful resuscitation efforts, Baby was  
25 pronounced dead at 12:03 p.m.

26 ////

27 <sup>10</sup> Apgar stands for "Appearance, Pulse, Grimace, Activity, and Respiration." The Apgar  
28 score is based on a total score of 1 to 10. The higher the score, the better the baby is doing after  
birth. A score of 7, 8, or 9 is normal and is a sign that the newborn is in good health.

26. Pathology on the placenta showed dark green meconium staining of the membranes.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

27. Respondent Victor V. Long, M.D. is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient, including, but not limited to, the following:

(a) By ordering, and subsequently confirming his order, to begin Pitocin augmentation in the face of a nonreassuring FHR tracing.

(b) By failing to initiate an emergency cesarean section by 8:08 a.m. in the face of fetal distress, as evidenced by a Category III tracing while on Pitocin augmentation.

## SECOND CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

28. Respondent Victor V. Long, M.D. is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient, including, but not limited to, the following:

(a) By failing to initiate a cesarean section by 7:00 a.m., when Patient had had more than three hours of a Category II nonreassuring tracing, no evidence of active labor, and minimal variability.

(b) By ordering, and subsequently confirming his order, to begin Pitocin augmentation in the face of a nonreassuring FHR tracing.

(c) By failing to initiate an emergency cesarean section by 8:08 a.m. in the face of fetal distress, as evidenced by a Category III tracing while on Pitocin augmentation.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

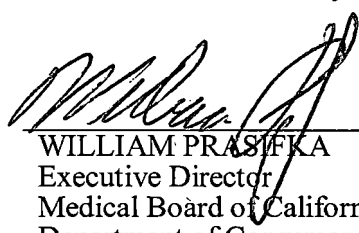
3 29. Respondent Victor V. Long, M.D. is further subject to disciplinary action under  
4 sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that he  
5 demonstrated incompetence in his care and treatment of Patient in that he ordered, and  
6 subsequently confirmed his order, to begin Pitocin augmentation in the face of a nonreassuring  
7 FHR tracing.

8 **PRAYER**

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
10 and that following the hearing, the Medical Board of California issue a decision:

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 119226,  
12 issued to Respondent Victor V. Long, M.D.;
- 13 2. Revoking, suspending or denying approval of Respondent Victor V. Long, M.D.'s  
14 authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent Victor V. Long, M.D., if placed on probation, to pay the Board  
16 the costs of probation monitoring;
- 17 4. Ordering Respondent Victor V. Long, M.D., to pay the Board the reasonable costs of  
18 the enforcement of this case incurred on or after January 1, 2022, pursuant to Business and  
19 Professions Code section 125.3; and
- 20 5. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: JAN 19 2022

23   
24 WILLIAM PRASIFKA  
25 Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
Complainant